Form	Annroved	OMR No.	2040-0086

FORM		U.S. ENVIRONMENTAL PROTECTION AGENCY  I. EPA I.D. NUMBER								
1	<b>\$EPA</b>	GENERAL INFORMATION s					T/A C			
GENERAL	<b>7</b> — 1 / 1	Consolidated Permits Program (Read the "General Instructions" before starting.)				F			D	
	ITEMS	(Read the General Instructions before starting.)  1 2 13 14 15  GENERAL INSTRUCTIONS  If a preprinted label has been provided, affix it in the							•	
I. EPA I.D. N	D NUMBER is incorrect, cross through it			designated space. Review the inform is incorrect, cross through it and en	information carefully; if any of it and enter the correct data in the					
		E PLACE LABEL IN THIS SPACE			S SPACE	appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper				
V. FACILITY		FLEAGE FLAGE LABLE IN THIS STAGE		fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label						
'	LOCATION	has been provided. Refer to the instructions for detailed descriptions and for the legal authorizations under who data is collected.								
II. POLLUTANT CHARACTERISTICS										
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .										
	SPECIFIC QU	ESTIONS	YES	NO	FORM ATTACHED	SPECIFIC	QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)					include a concentrated aquatic animal product	y (either existing or proposed) animal feeding operation or tion facility which results in a				
			16	17	18		discharge to waters of the U.S.? (FORM 2B)		20	21
waters of the above? (FOF	ne U.S. other tha	tly results in <b>discharges</b> to n those described in A or B	22	23	24		(other than those described in A sult in a discharge to waters of	25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)					municipal effluent bel containing, within one o	ect at this facility industrial or low the lowermost stratum quarter mile of the well bore,				
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons?  (FORM 4)  underground sources of drinking water? (FORM 4)  H. Do you or will you inject at this facility fluids for spec processes such as mining of sulfur by the Frasch proce solution mining of minerals, in situ combustion of for fuel, or recovery of geothermal energy? (FORM 4)				31	32	33				
			34	35	36	processes such as mining solution mining of minera	g of sulfur by the Frasch process, als, in situ combustion of fossil	37	38	39
of the 28 ind which will p pollutant reg or be located	ustrial categories otentially emit 10 ulated under the I in an attainment	ionary source which is one listed in the instructions and 00 tons per year of any air Clean Air Act and may affect area? (FORM 5)	40	41	42	NOT one of the 28 ind instructions and which w year of any air pollutant re	ed <b>stationary source</b> which is dustrial categories listed in the rill potentially emit 250 tons per egulated under the Clean Air Act ocated in an <b>attainment area</b> ?	43	44	45
III. NAME OF FACILITY										
15 16 - 29 30 69										
IV. FACILITY CONTACT										
2 15 16						45	46 48 49 51 52-	55		
V.FACILTY MAILING ADDRESS										
A. STREET OR P.O. BOX  C										
B. CITY OR TOWN C. STATE D. ZIP CODE										
C       4       15     16       40     41       42     47       51										
VI. FACILITY LOCATION										
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER    C										
B. COUNTY NAME										
46										
C. CITY OR TOWN  D. STATE E. ZIP CODE F. COUNTY CODE (if known)  C										

CONTINUED FROM THE FRONT					
VII. SIC CODES (4-digit, in order of priority)  A. FIRST	B. SECOND				
A. FIRST	c (specify)				
7	[7]				
15 16 - 19 C. THIRD	15 16 - 19 D. FOURTH				
G (specify)	C       (specify)				
[7]					
15   16 - 16	15 16 - 19				
A. NAME	B. is the name listed in Item				
8 NPS - National Mall	VIII-A also the owner?				
15 16					
C. STATUS OF OPERATOR (Enter the appropriate letter into the					
E = EEDERAL (SI	pecify) NPS - National Mall				
M = PUBLIC (other than federal or state)	A (202) 245-4660				
P = PRIVATE  O = OTHER (specify)	15 6 - 18 19 - 21 22 - 26				
E, STREET OR P,O, BOX					
900'Ohio Drive					
26	85				
F. CITY OR TOWN	G. STATE   H. ZIP CODE   IX. INDIAN LAND				
в SW Washington DC	DC 20024 September 1997 DC 20024 September 20024 DYES NO				
-	40 41 42 47 - 51 52 PINO				
15 16  V EVICTING ENVIRONMENTAL DEDMITS	10 11 12 177 7 01				
X. EXISTING ENVIRONMENTAL PERMITS  A. NPDES (Discharges to Surface Water)  D. PSD (Air En	uissions from Proposed Sources)				
C T I C T I	135101b from 1 ropeacu boarcesy				
9 N 9 P					
15 16 17 18 30 15 16 17 18	30				
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)				
	(specify)				
9 U 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30				
C. RCRA (Hazardous Wastes)	E. OTHER (specify)				
<u>C T I C T I</u>	(specify)				
9 R 9					
16 18 17 18 30 15 16 17 18	30				
XI. MAP	"				
	mile beyond property boundaries. The map must show the outline of the facility, the of its hazardous waste treatment, storage, or disposal facilities, and each well where it				
injects fluids underground. Include all springs, rivers, and other surface water bodies					
XII. NATURE OF BUSINESS (provide a brief description)					
NPS, The National Mall preserves and maintains historic	memorials commemorating some the nation's most notable				
personages and events for the education and enjoyment of maintains park space for the memorials, the enjoyment of	the American people. Additionally, the National Mall				
maintains park space for the memorials, the enjoyment of Reflecting Pool (LMRP) is one of these public spaces.	the people, and for event use. The hincorn memorial				
Mettecothy foot (MMM) to one of onese public spaces.					
XIII. CERTIFICATION (see instructions)					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my					
inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.					
	Λ . C. DATE SIGNED				
A. NAME & OFFICIAL TITLE (type or print)  Joseph Salvatore,  B. SIGNATURE	C. DATE SIGNED				
Chief of Facilities Maintenance					
	D( ) D( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				
COMMENTS FOR OFFICIAL USE ONLY					
c					